## Interstitial Monitoring for Double Walled Tanks

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<u>INTERSTITIAL MONITORING for TANKS</u> (ISM) must be conducted at least once a month. If the interstitial space on a tank is monitored continuously, then no additional leak detection is required.

Use this page for liquid probes/sensors AND manual methods (sticking or visual) Facility ID# Facility Name Make of monitor (required): Model of monitor (required): MT TANK # UST Information: If a question does not apply, leave it MT TANK # | MT TANK # | MT TANK # MT TANK # blank. Is ISM used as the primary method of leak detection for YES NO YES NO YES NO YES NO YES NO the double-walled tank? Is the tank's interstitial space monitored on a continuous 2 YES NO YES NO YES NO YES NO YES NO basis? Are console operational checks documented for the YES NO YES NO YES NO YES NO YES NO past twelve months? 3 3 2 2 3 2 3 2 1 2 1 3 1 1 If question 3 is marked "NO," circle the months in which operational checks are **NOT** documented? 4 4 5 6 4 5 6 4 5 4 5 5 6 6 6 4 8 7 8 8 9 7 9 8 9 1 = January 11 11 12 10 11 12 10 11 12 10 12 10 10 11 Is the tank's interstitial space monitored on a monthly 5 YES NO YES NO YES NO YES NO YES NO basis? Are leak detection records available for the past twelve 6 YES NO YES NO YES NO YES NO YES NO months? 3 3 2 2 3 2 2 3 If question #6 is marked "NO," circle the months in 4 5 4 5 4 5 4 5 which leak detection test records are **NOT** available. 5 6 4 6 6 6 6 7 7 7 9 8 7 8 7 8 8 7 8 1 = January 12 12 10 11 12 10 11 12 10 11 10 11 10 11 12 Is the tank excavation lined with an approved impervious YES NO YES NO YES NO YES NO YES NO artificial membrane for secondary containment? If monitoring the tank excavation, are the wells clearly YES NO YES NO YES NO YES NO YES NO marked and secured? Are passing tank excavation leak detection records YES NO YES NO YES NO YES NO YES NO available for the past twelve months? If question #10 is marked "NO", circle the months in 3 2 which passing leak detection test records are NOT 5 5 4 5 5 5 6 4 6 4 6 4 6 11 available. 7 8 7 8 7 8 9 7 9 7 8 9 1 = January 10 11 12 10 11 12 10 11 12 10 11 12 10 11 12 Is equipment used accessible and functional? YES NO YES NO YES NO YES NO YES NO Are maintenance and calibration records available to indicate appropriate maintenance procedures have been YES NO YES NO YES NO YES NO YES NO conducted? Comments: (Inspector Initial) (Date) (Owner/Operator Initial) (Date)